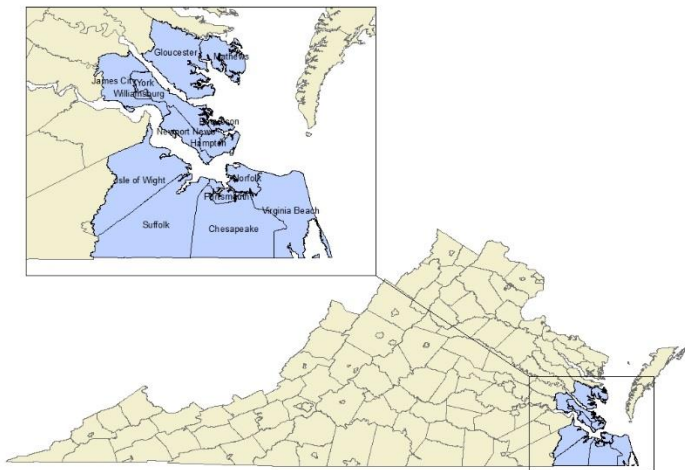


The **National HIV Behavioral Surveillance (NHBS)** is a national, Centers for Disease Control and Prevention (CDC), surveillance project that collects behavioral data and conducts anonymous HIV testing among persons at increased risk for acquiring HIV¹. NHBS collects data in 22 urban areas with high prevalence of HIV, each of which rotate data collection between three key populations: men who have sex with men (MSM), injection drug users (IDU), and heterosexual persons at increased risk of HIV infection (HET). Virginia conducts NHBS activities in the Norfolk-Newport News-Virginia Beach Metropolitan Statistical Area (Norfolk MSA) — Figure 1. NHBS participants answer sociodemographic, behavioral, and health-related questions during a face-to-face interview and, for those who agree to HIV testing, receive an HIV test. This fact sheet presents data for heterosexual persons at increased risk of HIV in Virginia who completed the 2016 NHBS interview.

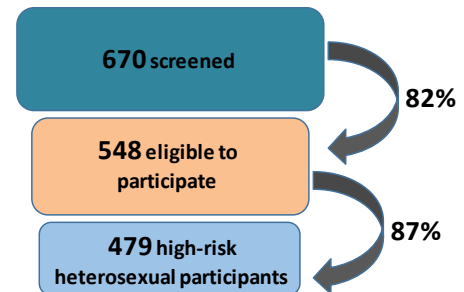
Figure 1. Norfolk-Newport News-Virginia Beach Metropolitan Statistical Area (Norfolk MSA)



SAMPLE RECRUITMENT AND ELIGIBILITY

In 2016, NHBS participants were recruited through a process called respondent-driven sampling, in which participants recruit other people they know to participate, and all interviews were conducted at one of two field sites (Norfolk or Newport News) from September–December 2016. Individuals were eligible to take the NHBS survey and receive HIV testing if they lived in the Norfolk MSA, were aged 18–60 years, did not identify as transgender, had had sex with someone of the opposite sex in the past 12 months, and could complete the survey in English. Participants were considered high-risk heterosexuals if they had not injected drugs during the past 12 months and if they reported low socioeconomic status defined as either no more than high school education or income below the Federal poverty line². Virginia NHBS screened 670 persons for participation and 548 (82%) were eligible to complete, and completed, the survey — Figure 2. Among those who completed the survey, 542 (99%) received an HIV test and 479 (87%) were considered high-risk heterosexuals. The remainder of this fact sheet will focus on the 479 high-risk heterosexual participants.

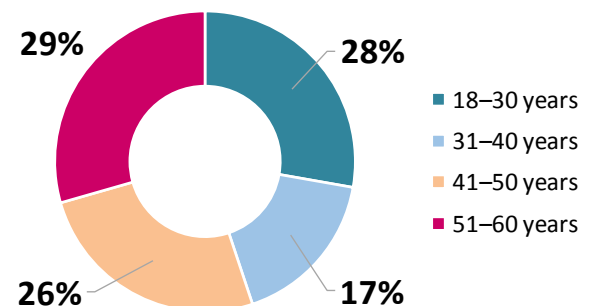
Figure 2. NHBS Eligibility and High-risk Heterosexuals, Norfolk MSA, 2016



SOCIODEMOGRAPHIC CHARACTERISTICS

Among the 479 high-risk heterosexual participants, the majority lived in either Norfolk (53%) or Newport News (38%). Fifty-four percent were female and 46% were male. The majority of participants were black, non-Hispanic (90%); 2% were white, non-Hispanic, 2% were Hispanic/Latino, and 6% reported some other race or multiple races. The participants ranged in age from 18 to 60 years, and the median age was 43 years. Persons aged less than 30 years represented 28% of the sample — Figure 3. Reflecting the study design, 73% of participants had income below the Federal poverty line, and the majority (51%) of persons living below the poverty line reported an annual household income under \$10,000. The majority of the sample had completed high school education (72%), though only 16% had received any education beyond high school. At the time of the NHBS survey, 20% reported being unemployed and another 23% reported being unable to work for health reasons. Eighteen percent of participants reported homelessness at some point in the past 12 months.

Figure 3. Age of High-risk Heterosexual Sample, Norfolk MSA, 2016



HEALTH INSURANCE COVERAGE AND HEALTH CARE UTILIZATION

There were 215 participants (45%) who reported that they did not have health insurance at the time of the survey. Among the 264 participants (55%) who reported having insurance, 55% had Medicaid, 21% had private insurance, 8% had Medicare, and 7% reported multiple insurance providers. The majority of the sample (90%) reported having a usual place where they can go when sick or in need of health-related advice: a hospital emergency room (35%), doctor's office (28%), or clinic/health center (25%). The majority of the sample (83%) also reported visiting a health care provider in the 12 months before the NHBS interview.

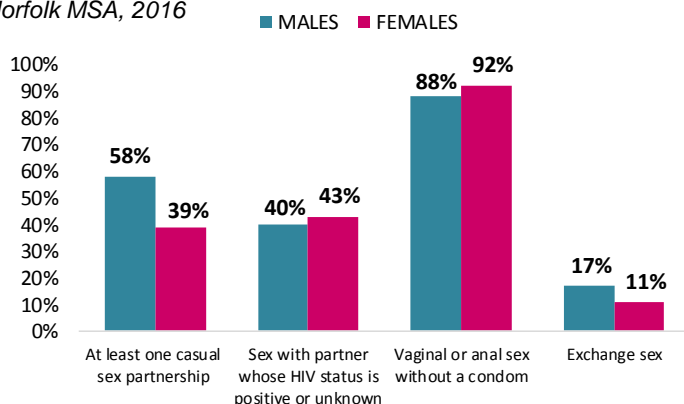
SUBSTANCE USE

Among the 479 high-risk heterosexual participants, 375 (78%) reported having had at least one alcoholic drink in the past 30 days. By gender, 74% of females and 83% of males reported alcohol use in the past 30 days. Of those with recent alcohol use, 38% of females and 50% of males reported binge drinking (≥ 4 and ≥ 5 drinks in about 2 hours for females and males, respectively). Five percent of participants reported ever injecting drugs in their life and 56% (n=270) reported non-injection drug use in the 12 months before their NHBS interview. Marijuana was the most commonly used non-injection drug among persons who reported any non-injection drug use in the past 12 months (n=242, 90%).

SEXUAL BEHAVIORS

All participants reported sex with a person of the opposite sex in the 12 months before the NHBS interview. On average, females reported two opposite sex partners and males reported four opposite sex partners in the past 12 months. Additionally, five males (2%) reported sex with one or more males in the past 12 months. More males reported at least one casual sex partnership than did females (58% versus 39%) — Figure 4. Forty percent of males and 43% of females reported sex with a partner whose HIV status was either positive or unknown. Vaginal or anal sex without a condom in the past 12 months was frequently reported by both males (88%) and females (92%). Exchange sex, defined as receiving money or drugs in exchange for sex, in the past 12 months was reported by 14% of participants – 17% of males and 11% of females.

Figure 4. Sex Behaviors During the Past 12 Months by Gender, Norfolk MSA, 2016



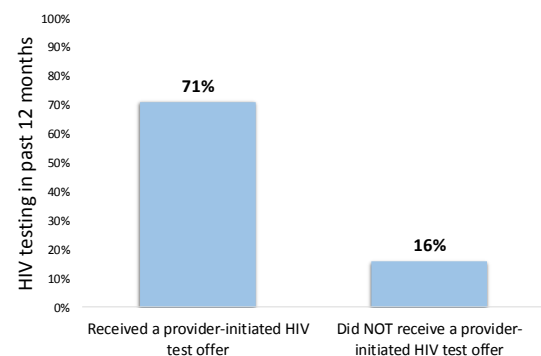
HIV/STD TESTING

Seventy-nine percent of participants reported having ever had an HIV test in their lifetime, 31% reported recent HIV testing (in the past 12 months), and 33% reported gonorrhea, chlamydia, and/or syphilis testing in the past 12 months. For participants with recent HIV testing (n=148), the most frequently reported location for testing was a public health clinic or community health center (24%); 22% reported testing at “other” locations and 20% reported testing at a private doctor’s office. For participants who did not report recent HIV testing (n=331), the majority (64%) indicated that there was “no particular reason” for not testing.

HIV TEST OFFERS FROM MEDICAL PROVIDERS

Among 333 high-risk heterosexual participants who both reported visiting a medical provider in the past 12 months and were eligible to receive a provider-initiated HIV test offer, only 42% reported being offered an HIV test from a provider³. Participants who received a provider-initiated HIV test offer were approximately three times more likely to report recent HIV testing compared to participants who did not receive a provider-initiated offer (71% versus 16%) — Figure 5. By gender, 48% of females reported receiving an HIV test offer compared to 32% of males.

Figure 5. Recent HIV Testing Prevalence, Norfolk MSA, 2016



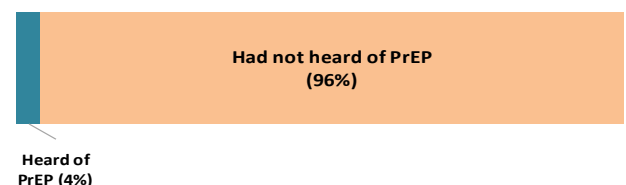
HIV PREVALENCE

Among the 479 high-risk heterosexual participants, 11 participants (2%) tested positive for HIV, 6 of whom already knew they were HIV-positive. All six participants who were aware of their HIV infection had seen a health care provider for their HIV infection, five (83%) were currently taking antiretrovirals, and four (67%) reported that their most recent viral load test was undetectable.

HIV PREVENTION

Twenty-eight percent of participants reported receiving free condoms in the past 12 months; the most frequently reported location for receiving free condoms was a “doctor’s office, health center, clinic or hospital” (44%). Ten percent of participants had had a one-on-one conversation or group session with an outreach worker about HIV prevention, though only 4% of participants had ever heard of pre-exposure prophylaxis (PrEP) — Figure 6.

Figure 6. Participant Awareness of Pre-exposure Prophylaxis (PrEP), Norfolk MSA, 2016



REFERENCES

- Centers for Disease Control and Prevention (CDC). *National HIV Behavioral Surveillance (NHBS)*. <https://www.cdc.gov/hiv/statistics/systems/nhbs/index.html>
- Dinunno EA, Oster AM, Sionean C, Denning P, Lansky A. *Piloting a system for behavioral surveillance among heterosexuals at increased risk of HIV in the United States*. *Open AIDS J* 2012;6:169–76.
- Diepstra KL, Cunningham T, Rhodes AG, Yerkes LE, Buyu CA. *Prevalence and Predictors of Provider-Initiated HIV Test Offers Among Heterosexual Persons at Increased Risk for Acquiring HIV Infection — Virginia, 2016*. *MMWR Morb Mortal Wkly Rep* 2018;67:714–717.